



**REQUEST TO INSPECT PUBLIC RECORD
DS 43 (Rev. 8/2003) (Electronic Version)**

| | | |
|--|------------------|------|
| Name | Representing | |
| Address | Telephone Number | Date |
| Signature - Requestor  | | |
| Complete Description of Public Record: | | |

| | | | | | |
|--|--|--|---|--|------|
| <input type="checkbox"/> Inspected: Date _____ | | | <input type="checkbox"/> Disclosure of the requested record is prohibited by law: | | |
| <input type="checkbox"/> Requestor Photocopied: Date _____ | | | _____ | | |
| <input type="checkbox"/> Copies Provided: Date _____ | | | _____ | | |
| <input type="checkbox"/> Payment Received: Date _____ | | | _____ | | |
| Signature - Departmental Representative  | | | Unit | | Date |